

- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person **Signed electronically by DALE E. ROBERTSON**

17. Date

18. Printed name of authorized person **DALE E. ROBERTSON**

19. Title or position of authorized person **SUPERINTENDENT**

20. Telephone number of authorized person **937- 4521284**

21. Address of authorized person **124 BLOOMFIELD ST., CAMDEN OH 45311**

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name PREBLE SHAWNEE SCHOOL DISTRICT

471 Billed Entity Number 129908

Contact Name Mollie Hansel

Reimbursement Form Number Dist Wireless FY2007

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:**
Incomplete)
 USAC Assigned Invoice # (**1371585**)

Do not write in this space.

Approval by OMB
 3060 - 0856
 Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
 completing.

(To be completed by schools, libraries,
 or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
 Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.
 Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY1999
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$3,988.07

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name SHAWNEE HIGH SCHOOL 471 Billed Entity Number 50094 Contact Name Mollie Hansel

Contact Telephone Number 937- 4521284 Reimbursement Form Number HS POTS FY1999

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	138061	211232		7/1/1999		\$7,976.14	\$3,988.07
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$3,988.07

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY1999**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name SHAWNEE HIGH SCHOOL

471 Billed Entity Number 50094

Contact Name Mollie Hansel

Reimbursement Form Number HS POTS FY1999

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)	23. Date
24. Printed name of authorized person	
25. Title or position of authorized person	
26. Telephone number of authorized person -	
27. Address of authorized person	

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:**
Incomplete)
USAC Assigned Invoice # (**1371587**)

Do not write in this space.

Approval by OMB
3060 - 0856
Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY2000
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$3,717.77

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name SHAWNEE HIGH SCHOOL 471 Billed Entity Number 50094 Contact Name Mollie Hansel

Contact Telephone Number 937- 4521284 Reimbursement Form Number HS POTS FY2000

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	185684	386302		7/1/2000		\$7,435.54	\$3,717.77
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$3,717.77

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY2000**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name SHAWNEE HIGH SCHOOL

471 Billed Entity Number 50094

Contact Name Mollie Hansel

Reimbursement Form Number HS POTS FY2000

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:
Incomplete**)

Do not write in this space.

Approval by OMB
3060 - 0856

USAC Assigned Invoice # (**1371588**)

Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY2001
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$3,940.29

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name _ SHAWNEE HIGH SCHOOL _ 471 Billed Entity Number _ 50094 _ Contact Name _ Mollie Hansel _

Contact Telephone Number _ 937- 4521284 _ Reimbursement Form Number _ HS POTS FY2001 _

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	246287	622389		7/1/2001		\$7,880.58	\$3,940.29
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$3,940.29

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY2001**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name _SHAWNEE HIGH SCHOOL_

471 Billed Entity Number _50094_

Contact Name _Mollie Hansel_

Reimbursement Form Number _HS POTS FY2001_

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:
Incomplete**)
USAC Assigned Invoice # (**1371589**)

Do not write in this space.

Approval by OMB
3060 - 0856
Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY2002
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$3,185.78

Page 1 of 4

FCC Form 472

April 2007

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name _ SHAWNEE HIGH SCHOOL 471 Billed Entity Number _ 50094 Contact Name _ Mollie Hansel

Contact Telephone Number _ 937- 4521284 Reimbursement Form Number _ HS POTS FY2002

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	308493	806122		7/1/2002		\$7,964.45	\$3,185.78
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$3,185.78

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY2002**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name _SHAWNEE HIGH SCHOOL_

471 Billed Entity Number _50094_

Contact Name _Mollie Hansel_

Reimbursement Form Number _HS POTS FY2002_

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:**
Incomplete)
 USAC Assigned Invoice # (**1371590**)

Do not write in this space.

Approval by OMB
 3060 - 0856
 Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
 completing.

(To be completed by schools, libraries,
 or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
 Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.
 Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY2003
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$3,414.33

Page 1 of 4

FCC Form 472

April 2007

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name SHAWNEE HIGH SCHOOL 471 Billed Entity Number 50094 Contact Name Mollie Hansel

Contact Telephone Number 937- 4521284 Reimbursement Form Number HS POTS FY2003

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	362432	982442		7/1/2003		\$6,828.65	\$3,414.33
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$3,414.33

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY2003**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name SHAWNEE HIGH SCHOOL

471 Billed Entity Number 50094

Contact Name Mollie Hansel

Reimbursement Form Number HS POTS FY2003

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:**
Incomplete)
 USAC Assigned Invoice # (**1371592**)

Do not write in this space.

Approval by OMB
 3060 - 0856
 Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
 completing.

(To be completed by schools, libraries,
 or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	SHAWNEE HIGH SCHOOL
2. 471 Billed Entity Number	50094
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	HS POTS FY2004
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$4,764.47

Page 1 of 4

FCC Form 472

April 2007

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name _ SHAWNEE HIGH SCHOOL 471 Billed Entity Number _ 50094 Contact Name _ Mollie Hansel

Contact Telephone Number _ 937- 4521284 Reimbursement Form Number _ HS POTS FY2004

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	424797	1173949		7/1/2004		\$7,940.78	\$4,764.47
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$4,764.47

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name SHAWNEE HIGH SCHOOL471 Billed Entity Number 50094Contact Name Mollie HanselReimbursement Form Number HS POTS FY2004**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 5495 SOMERS GRATIS RD, CAMDEN OH 45311-9717	